


FACSIMILE: (310) 820-5988
(310) 820-5720


PAGE 1/10 * RCVD AT 4/24/2006 8:35:25 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/8 * DNIS:2738300 * CSID:3108205988 * DURATION (mm-ss):03-46

RECEIVED
CENTRAL FAX CENTER
APR 24 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	10/038,557	
	Filing Date	January 3, 2002	
	First Named Inventor	Terry Fredeking	
	Art Unit	1617	
	Examiner Name	Chong, Yong Soo	
Total Number of Pages in This Submission	9	Attorney Docket Number	7841P001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Shelley M. Cobos, Reg. No. 56,174 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 24, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Nedy Calderon		
Signature		Date	April 24, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/038,557
Filing Date	January 3, 2002
First Named Inventor	Terry Fredeking
Examiner Name	Chong, Yong Soo
Art Unit	1617
Attorney Docket No.	7841P001

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
Total Claims	8	20	0	25.00
Independent Claims	1	3	0	100.00
Multiple Dependent				

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	60	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	350	180	Multiple Dependent claim, if not paid
1204	2204	750	385	Reissue independent claims over original patent
1205	2205	300	150	Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,500	2254	785	Extension for reply within fourth month
1255	2,180	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	60	Processing fee under 37 CFR 1.17(a)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	750	1809	385	Filing a submission after final rejection (37 CFR § 1.129(b))
1810	750	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Shelley M. Cobos	Registration No. (Attorney/Agent)	56,174	Telephone	(310) 207-3800
Signature		Date	04/24/06		

Based on PTO/55/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/038,557
Filing Date	January 3, 2002
First Named Inventor	Terry Fredeking
Examiner Name	Chong, Yong Soo
Art Unit	1617
Attorney Docket No.	7841P001

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	8	20	0
Independent Claims	1	3	0
Multiple Dependent			
Large Entity	Fee Code	Fee (\$)	Fee Description
	1202	50	Claims in excess of 20
	1201	200	Independent claims in excess of 3
	1203	360	Multiple Dependent claim, if not paid
	1204	750	**Reissue independent claims over original patent
	1205	300	**Reissue claims in excess of 20 and over original patent
Small Entity	Fee Code	Fee (\$)	
	2202	25	Claims in excess of 20
	2201	100	Independent claims in excess of 3
	2203	180	Multiple Dependent claim, if not paid
	2204	365	**Reissue independent claims over original patent
	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(5) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	80	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	795	Extension for reply within fourth month	
1255	2,180	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	600	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	600	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1450	130	2480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
1809	750	1809	305	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify): _____					
SUBTOTAL (2)					(5)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Shelley M. Cobos	Registration No. (Attorney/Agent)	56,174	Telephone	(310) 207-3800
Signature	<i>Shelley M. Cobos</i>	Date	04/24/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

RECEIVED
CENTRAL FAX CENTER
APR 24 2006

REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER 1600

Attorney's Docket No. 007841.P001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Terry M. Fredeking

Serial No. 10/038,557

Filed: January 3, 2002

For: Compositions and Methods for Treating
Hemorrhagic Virus Infections and Other
Disorders

Examiner: Yong Soo Chong

Art Unit: 1617

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir or Ma'am:

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

In response to the final Office Action dated January 24, 2006, please amend the above-captioned application as set forth below.

Amendments to the Claims are reflected in the listing of claims and begins on page 6 of this paper.

Remarks/Arguments begin on page 4 of the paper.